MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/031304

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51						
2		/		/				52						
3		/		/				53						
4		/		/				54						
5		/		/				55						
6		/		/				56						
7		/		/				57						
8		/		/				58						
9		/		/				59						
10		/		/				60						
11		/		/				61						
12		/		/				62						
13		/		/				63						
14		/		/				64						
15		/		/				65						
16		/		/				66						
17		/		/				67						
18		/		/				68						
19		/		/				69						
20		/		/				70						
21		/		/				71						
22		/		/				72						
23		/		/				73						
24		/		/				74						
25		/		/				75						
26		/		/				76						
27		/		/				77						
28		/		/				78						
29		/		/				79						
30		/		/				80						
31		/		/				81						
32		/		/				82						
33		/		/				83						
34		/		/				84						
35		/		/				85						
36		/		/				86						
37		/		/				87						
38		/		/				88						
39		/		/				89						
40		/		/				90						
41		/		/				91						
42		/		/				92						
43		/		/				93						
44		/		/				94						
45		/		/				95						
46		/		/				96						
47		/		/				97						
48								98						
49								99						
50								100						
TOTAL IND.	11		3					TOTAL IND.						
TOTAL DEP.	46		44					TOTAL DEP.						
TOTAL CLAIMS	57		47					TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS